Ordered: Bandage of right eye. Later stereoscopic

November 1915, after about one year's work. Vision: in both eyes with +6. < 5/4. Esophoria 1; in 35 cm orthophoria. Stereoscope: binocular vision. April 10, 1918. Vision: right eye with +6. 5/4, left eye +5. < 5/4.

STRABISMUS CONVERGENS ALTERNANS.

Girl 5 years old (Journal 787), April 1908. History: Since 2½ years old eyes turn in in spite of glasses.

Vision: Right eye +2. 5/5. Left eye +3. 5/10. On perimeter: without glasses right eye turns in 40°, left eye 30°. With glasses right eye turns in 20°, left eye 20°. Under atropin right eye +3.50< 5/5, left eye +3.50< 5/5. Ordered: Stereoscopic exercises.

August 1912. Vision: right eye +3.50<5/4, left eye +3.50<5/9. Orthophoria. Stereoscope: binocu-

lar vision.

July 1913. Vision: right eye +3.50< 5/4, left eye +3.50< 5/4. Orthophoria. Stereoscope: binocular

vision.

February 1917. Vision: right eye +3.50 < 5/4, left eye +3.50 < 5/4. Esophoria 3; 35 cm orthophoria. Stereoscope: binocular vision.

STRABISMUS CONVERGENS SINISTER.

Boy 12 years old (Journal 225), December 1906.

History: Left eye turns in since babyhood. Vision: right eye <5/9, with glasses <5/6; left eye 3/50, with glasses <5/6; left eye 3/50, with glasses <5/30. On perimeter left eye turns in with or without glasses 40°. Prescribed after Atropin: right eye +3.=cyl.+2. Axis Vertical <5/6. left eye +3.=cyl.+2.5 Axis Vert <5/30. Ordered: Bandage of right eye. Later stereoscopic exercises

stereoscopic exercises. February 1907. Vision: right eye <5/4; left eye 5/30. Left eye turns in 15°. Stereoscope: binocular

April 1907. By some effort orthophoria and bin-ocular vision. When he neglected the exercises the sight of the left eye fell down and the strabismus returned.

October 1914. Vision: right eye <5/5; left eye 5/21. Esophoria 5, 35 cm Esophoria 4. Stereoscope: binocular vision.

STRABISMUS DIVERGENS SINISTER.

Girl 13 years old (Journal 14655), October 1905. History: Left eye always turned out like that of her father, one older sister and brother.

Vision: under atropin right eye +1.25<5/3, left eye +2.50=cyl.+0.50 Axis horizontal <5/4. Prescribed: right eye +0.75, left eye +1.75=cyl.+0.50 Axis horizontal and prisms for stereoscopic exercises. On perimeter left eye turns out 30°. Stereo-

scope: no binocular vision.

December 1906. Vision: right eye 5/3, left eye <5/4. Esophoria 2, 35 cm orthophoria. Stereoscope:

binocular vision.

Returned July 14, 1914, with this history: In 1910 the left eye was operated in Lausanne, probably advancement of rectus internus was done. Eyes were straight for a while, now left eye shoots out when tired.

Exophoria 30, in 35 cm Exophoria 30; stereoscope: no binocular vision. Amblyoscope: binocu-

lar vision.

After Homatropia prescribed: right eye +0.25

Axis Vertical <5/3, left eye +1.0=cyl.+0.25 Axis

horizontal <5/3. Ordered exercises with prisms and stereoscope.

July 31, 1914. Orthophoria, Stereoscope: binocu-

lar vision.

STRABISMUS DIVERGENS IN A GROWN PERSON.

Man 27 years old (Journal 1264), May 1909 History: Left could never see well. Always turned out.

Vision: right eye 5/4, left eye 5/60. On perimeter

left eye turns out 30°. Prescribed after Homatropia: right eye cyl.+0.25 Axis Vert 5/4, left eye +3.0=cyl.+1.5 Axis Vertical 5/30. For reading exercises: right eye cover, left eye +6.

June 1909. Vision: right eye 5/4, left eye <5/15, reads with +4. added 15/50. On perimeter turns out 30°. Tenotomy of Rectus externus. A few days later no deviation on perimeter when fixating with an effort but soon left eye turns out

about 20°. Ordered exercises.

August 1909. No deviation. Orthophoria with inclination to exophoria. Stereoscope: binocular vision bits increased left. vision, but image of left eye moves a good deal.

Book Reviews

The Surgical Clinics of Chicago. Volume 2, Number 2 (April, 1918). Octavo of 208 pages, 79 illustrations. Philadelphia and London: W. B. Saunders Company. 1918. Published bi-monthly. Price per year: Paper, \$10.00; Cloth, \$14.00.

Contents.—A. E. Halstead: Surgical treatment facial paralysis. A. E. Halstead and G. F. Dick: Syringomyelia with arthropathy. D. B. Phemister: Bone transplantation for repair of mandible. R. T. Vaughan: Acute osteomyelitis of sternum. Spontaneous rupture ventral hernia in old scar. H. L. Kretschmer: Carcinoma of penis. V. D. Lespinasse: Impotence; treatment by transplantation testicle. J. L. Porter: Tendoplasty for paralytic talipes valgus. P. H. Kreuscher: Hallux valgus. Bow-legs and open operation. W. M. Harsha: Demonstration of cases. R. L. Moodie: Pathologic lesions among extinct animals. H. M. Richter: Head injuries. J. H. Mitchell: Extragenital chancre as complication of minor surgery. T. J. Watkins: Palpation of kidneys. P. Oliver: Hodgkin's disease. Metastatic sarcoma of lung. Sarcoma of upper end tibia. Giant-celled sarcoma of ulna. D. C. Strauss: Extensive compound elevated skull fracture, laceration brain. A. J. Ochsner: Gall-stones. C. Beck: Musculospiral palsy treated by neuroplasty and tendon transplantation. A. D. Bevan: Salivary calculi. Carcinoma of stomach. J. Brennemann: Ratbite fever. Bone transplantation for repair of mandible. R. T. bite fever.

Lecture Course to Physicians on Natural Methods in Diagnosis and Treatment. By Geo. S. White. 7th edition. Published by author, Los Angeles.

A book of some 1400 pages, spelt in a semiphonetic way. It sets forth theories that disease may be diagnosed by the deflection of a magnetic needle, variation of "auras," variation in the pitch of vibrating air columns, etc. Interspersed with these theories is much extraneous matter,—paeans of praise on the city of Los Angeles, description of office equipment, and a great deal of abuse of the medical profession, vaccination and the germ-theory, and modern laboratory methods. In a sectheory, and modelly habolatory methods. In a section on the latter, White mentions sending the blood of a hen to a certain nameless laboratory which makes "electronic" blood tests and getting in return a report of gonorrhea and syphilis. To comment further on a book that treats pus-appendicitis with a Kromayer lamp is superfluous.

Clinical Diagnosis by Means of Laboratory Methods. By Chas. E. Simon. Ninth edition. Philadelphia: Lea & Febiger. 1918. Price, \$6.00.

It is interesting to note that the familiar and useful form of this standard American text-book has undergone very little change in all of the nine editions that its deserved popularity demanded.

Professor Simon has added only the small num-

ber of items necessary to bring the work up to date, and also, we find a number of new and well executed illustrations, many of them in color.

The change made in the seventh edition, the division of the subject matter into two parts, clinical methods and the application of laboratory findings to diagnosis has been carried over into this edition and is one of the especially valuable features of the book.

G. H. T.

Spleen and Anemia. By R. M. Pearce with assistance of E. B. Krumbhaar and C. H. Frazier. 419 pages. Philadelphia: Lippincott. 1918.

This book is a presentation of Pearce's experimental work on the relation of the spleen to blood destruction and regeneration and to haemolytic jaundice. The author notes a constant anaemia after splenectomy, with increased resistance of the red blood cells to various haemolytic agents. His experiments and controls are reported in great detail. Krumbhaar has added four short clinical chapters, with notes on the classification of splenomegalies, and on various laboratory investishort chapter on surgical treatment. The book contains a bibliography of 486 numbers. It will interest clinical and scientific investigators of the normal and abnormal spleen.

L. E.

Clinical Medicine. By Wm. H. Thomson. edition. Philadelphia: Saunders. 1918. Second

This text-book seems to deserve classification among the huge list of works on medicine that should be designated as commentaries on the art of medicine, rather than as text-books, because into it enters so much that is purely in the nature of personal comment and individual observation.

To recommend such a work as a text-book requires the reservation that the book is highly fragmentary in parts and more characteristic of the viewpoint of the writer than a reflection of the collated experience in medical science to date. As such it may find a place in the libraries of those who enjoy reflecting upon the lectures of a those who enjoy reflecting upon the lectures of a good clinician, but for the purpose of reference work and clinical guide, it might be compared to a work on mathematics that enunciates problems and their solutions without the formality of the intermediate steps and deductions whereby the conclusions are reached.

G. H. T.

The Medical Clinics of North America. Volume 1, Number 5 (The Chicago Number, March, 1918). Octavo of 241 pages, 35 illustrations. Philadel-phia and London: W. B. Saunders Company. 1918. Published bi-monthly. Price per year: Paper, \$10.00; Cloth, \$14.00.

Contents.—C. L. Mix: Aortic regurgitation, aortitis, and aneurysm on a syphilitic basis. S. Strouse: Juvenile diabetes in twins. Karell treat-Importance of details in angina ment of edema. ment of edema. Importance of details in angina pectoris. C. A. Elliott: Radium treatment of leukemia. Fredk. Tice: Epidemic respiratory infection. C. S. Williamson: Polycythemia—Vaquez's disease. M. M. Portis: Lesions of the right upper quadrant abdomen. A. R. Elliott: Syphilis of aorta. J. C. Friedman: Reflex gastric disturbance and epigastric pain. J. H. Hess: Tuberculosis in childhood. Frank Wright: diagnosis tuberculosis in childhood. Frank Wright: Nephritis. A. F. Byfield: Splenomegaly and cirrhosis liver. R. C. Hamill: Insomnia. Hysteria. I. A. Abt: Asthma in children. M. J. Hubeny: Roentgen ex-amination of appendix. H. F. Helmholz: Pyelitis in newborn.

Syphilis and Public Health. By Edward B. Vedder. Philadelphia: Lea & Febiger. 1918. Price,

Adequately to review such a brilliant medicosociological survey of the syphilis question would

demand a full abstract of Col. Vedder's monograph. The small volume is saturated with a concentrated exposition of all that has been done in syphilis investigation in recent years, checked up by the author's extensive and authoritative work in this field. Among the interesting facts cited, mention can be made of the percentages of syphilitics in various groups from various sources, all based on the complement-fixation test: Prostitutes, 50-100%; insane, 25-35%; adults, admitted to hospitals and dispensaries for medical and surgical conditions, 6-25%; tubercular patients, 20-30%; pediatric cases, 0-23%; tubercular patients, 20-30%; pediatric cases, 2-10%, and up to 40% in subnormal and idiotic cases; criminals, 20-40%; men appearing for enlistment in the army, 20%; presumably healthy women, 3-20%, depending on social status.

The section on the sources of infection and mode of transmission is complete, if conventional, but the chapter on prophylaxis is rich in valuable material, much enhanced by the author's military experience. The final chapter deals, thoroughly and sympathetically with the alteration of ideals involving the reform of our social system so far as the problem of prostitution is concerned. Education and sociological reform are discussed at length, as are the control of venereal diseases through the various means of suppression of prostitution, treatment of those infected, regulation of quaeks and quack remedies, public education, and public health measures such as regulation of barber shops, soda fountains, etc.

This work may be considered as one of prominent examples of the excellent efforts that medicine is making to render good health a permanent, essential part of the social fabric; to awaken everyone to the part that hygiene and preventive medicine play in the civilized cosmos; to dignify and glorify the role that medical science has assumed in the last decades especially.

Emergencies of a General Practice. By Nathan C. Morse. St. Louis: Mosby. 1918.

This book contains in compendious form information on the ordinary emergencies of practice,—removal of foreign bodies, treatment of drowning, poisoning, coma, acute abdominal conditions, various injuries and obstetrical emergencies, etc. It is short, practical and well put together, but so anti-quated that it would scarcely have been useful twenty years ago. The practitioner of to-day can get better information from the small handbooks issued under the direction of the Surgeon-General's office.

Correspondence

DOCTORS WANTED FOR RED CROSS.

Bureau of Medical Service.

"Washington, D. C., July 20, 1918.

"G. H. Richardson, Medical Advisor, 942 Market St., San Francisco.

"Cable requests physicians as follows: 23 General Practitioners, 20 Tuberculosis, 80 Pediatrics, Pediatricians need not be specialists exclusively but good general practitioners who have done special work with children. PUSH NECESSARY STEPS FOR APPLICANTS THROUGH YOUR DIVISION." (Caps ours).

(Signed) SHIPLEY

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Copy of telegram received by the Bureau of ersonnel, Pacific Division. Those interested can Personnel, Pacific Division. Those interested can apply at once Room 503, 942 Market St., San Francisco, for further information. Even if this is filled immediately it is planned to develop a waiting list in order to meet promptly similar requests.